



In re: Application of:

Docket No. 03500.015439.

YOSHIHIRO HONMA ET AL.

Appln. No.: 09/878,936

Examiner: Michael Lee

Filed: June 13, 2001

Group Art Unit: 2614

For: IMAGE SIGNAL PROCESSING
APPARATUS

July 26, 2004

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AUG 05 2004

Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 15 | MINUS | ** 33 | = 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 3 | MINUS | *** 4 | = 0 | x \$43 \$86 | \$0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0 |

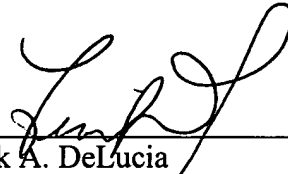
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ A check in the amount of \$ 110.00 to cover the Extension fee for response with a one -month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicants
Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801
Facsimile: (212) 218-2200
NYMAIN435995

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PATENT & TRADEMARK OFFICE

PATENT APPLICATION

in re Application of:

Examiner: Michael Lee

Group Art Unit: 2614

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**Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**

Sir:

In response to the Office Action of March 25, 2004, Applicants petition to extend the time for response to Sunday, July 25, 2004. A check in the amount of \$110.00 in payment of the extension fee is enclosed. Please charge any additional fee and credit any overpayment to our Deposit Account 06-1205.


I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 26, 2004

(Date of Deposit)

Frank A. DeLucia (Reg. No. 42,476)

(Name of Attorney for Applicants)

Frank A. DeLucia (R)
(Name of Attorney)

(Signature)

July 26, 2004

Date of Signature

110.00 OP

In response to that Office Action, please amend the above-identified application as follows. Amendments to the claims are reflected in the listing beginning on page 3, and the Remarks begin on page 7.